B22A (Official Form 22A)(Chapter 7)(12/10)	According to the information required to be entered on this statement
In re Scott C. Barry	(check one box as directed in Part I, III, or VI of this statement):
Debtor(s)	☐ The presumption arises.
Case Number: <u>12-67359</u>	The presumption does not arise.
(If known)	☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statement if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part 1A, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
1C	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard a. I was called to active duty after September 11, 2001, for a period of at least 90 days and I remain on active duty /or/ I was released from active duty on , which is less than 540 days before this bankruptcy case was filed; OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on , which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF MON	NTHLY INCO	ME FOR § 70	7(b)(7) EXCLUSION	ON
2	 Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. ☐ Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. ☐ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11. c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11. d. ☐ Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. 						
	the si	gures must reflect average monthly income x calendar months prior to filing the bankruh before the filing. If the amount of monthly	iptcy case, ending	on the last day of	the	Column A Debtor's	Column B Spouse's
	must	divide the six-month total by six, and enter	the result on the a	appropriate line.		Income	Income
3	Gros	s wages, salary, tips, bonuses, overtime, com	missions.			3,033.00	
4	Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than business, profession or farm, enter aggregate numbers and provide details on an Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.						
	a.	Gross receipts					
	b.	Ordinary and necessary business expenses					
	c.	Business income	Subtract Line b f				
5	in the	and other real property income. Subtract Li e appropriate column(s) of Line 5. Do not er art of the operating expenses entered on Lir	iter a number less	than zero. Do not			
	a.	Gross receipts	14,400.00			210.00	
	b.	Ordinary and necessary operating	14,190.00				
	c.	Rent and other real property income	Subtract Line b f	rom Line a			
6	Inter	ests, dividends, and royalties.					
7	Pensi	on and retirement income.					
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only column; if a payment is listed in Column A, do not report that payment in Column B.						
9	Column A of B, but instead state the amount in the space below.						
	1	mployment compensation claimed to benefit under the Social Security Act	Debtor	Spouse			

10	Income from all other sources. Specify source and amount. If necessary, list ac sources on a separate page. Do not include alimony or separate maintenance paid by your spouse if Column B is completed, but include all other payments alimony or separate maintenance. Do not include any benefits received under Security Act or payments received as a victim of a war crime, crime against h victim of international or domestic terrorism.				
	Lb. Total and enter on Line 10				
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Cand, if Column B is completed, add Lines 3 through 10 in Column B. Enter the	3,243.00	0.00		
Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A. 3,24					
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from 12 and enter the result.	om Line 12 by	the number	38,916.00	
14	Applicable median family income. Enter the median family income for the ap household size. (This information is available by family size at www.usdoj.go the bankruptcy court. a. Enter the debtor's state of residence: Michigan b. Enter debtor's household be applicable by family size at www.usdoj.go the bankruptcy court.	v/ust/ or from		43,677.00	
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does				

$Complete\ Parts\ IV,\ V,\ VI,\ and\ VII\ of\ this\ statement\ only\ if\ required.\ (See\ Line\ 15.)$

	Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)				
16	Enter the amount from Line 12.	3,243.00			
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. A					
18 Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.					
	Part V. CALCULATION OF DEDUCTIONS FROM INCOME				
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)				
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				

19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.								
		ons under 65 years of age		Derc	one 65 vears (of age or older			
	a1.	Allowance per person		al.	Allowance p				
	b1.	Number of persons		b1.	Number of p				
		Subtotal			Subtotal	or Bolls			
20A	Loca Utilit avail consi	I Standards: housing and utilities Standards; non-mortgage exable at www.usdoj.gov/ust/ or fists of the number that would cumber of any additional depend	xpenses for the ap rom the clerk of t arrently be allowe	expe oplica he ba	nses. Enter the ble county an analysis of the county and analysis of the county and a second county a second county and a second county a second county a second county as a	d family size. (Th	is informati e family size	on is	
20B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court)(the applicable family size consists of the number that would currently be allowed as exemptions on your federal income return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.								
	a.	IRS Housing and Utilities Star	ndards; mortgage	/renta	al expenses				
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42								
	c.	Net mortgage/rental expense				Subtract Line b fr	om Line a		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis your contention in the space below:								
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle regardless of whether you use public transportation.								
22A	Check the number of vehicles for which you pay the operating expenses or for which the operating are included as a contribution to your household expenses in Line 8. 1								
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an								

23	Local Standards: transportation ownership/lease expense; Vehic which you claim an ownership/lease expense. (You may not clait two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from (available at www.usdoj.gov/ust/) or from the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, at Line a and enter the result in Line 23. Do not enter an amount least content of the content of the content of the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, at Line a and enter the result in Line 23. Do not enter an amount least content of the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 1, and the clerk of the	om the IRS Local Standards: ptcy court); enter in Line b the total of the as stated in Line 42; subtract Line b from			
	 a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payment for any debts secured by as stated in Line 42 				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a			
24	Local Standards: transportation ownership/lease expense; Vehic checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" fro (available at www.usdoi.gov/ust/ or from the clerk of the bankru Average Monthly Payments for any debts secured by Vehicle 2, Line a and enter the result in Line 24. Do not enter an amount least transportation of the control of	om the IRS Local Standards: ptcy court); enter in Line b the total of the as stated in Line 42; subtract Line b from			
	 a. IRS Transportation Standards, Ownership Costs b. Average Monthly Payments for any debts secured by as stated in Line 42 c. Net ownership/lease expense for Vehicle 2 	Subtract Line b from Line a			
25	Other Necessary Expenses; taxes. Enter the total average month federal, state and local taxes, other than real estate and sales taxe taxes social security taxes, and Medicare taxes. Do not include recommendations of the security taxes are taxes.	es, such as income taxes, self employment			
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average m term life insurance for yourself. Do not include premiums for inslife or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the to are required to pay pursuant to court order, such as spousal or ch payments on past due support obligations included in Line 44.				
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.				
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend				
32	Other Necessary Expenses: telecommunication services. Enter the actually pay for telecommunication services other than your basis such as pagers, call waiting, caller id, special long distance, or in your health and welfare or that of your dependents. Do not include the property of the	c home telephone and cell phone service - nternet service - to the extent necessary			
33	Total Expenses Allowed under IRS Standards. Enter the total of	Lines 19 through 32.			

	Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32				
	expe	th Insurance, Disability Insurance and Health Saving nses in the categories set out in lines a-c below that a ur dependents.	s Account Expenses. List the more reasonably necessary for your	onthly self, your spouse,	
	a.	Health Insurance			
	b.	Disability Insurance			
34	c.	Health Savings Account			0.00
	If you	and enter on Line 34 do not actually expend this total amount, state your below:	actual total average monthly ex	penditures in the	
35	mont elder	inued contributions to the care of household or familiably expenses that you will continue to pay for the really, chronically ill, or disabled member of your housele to pay for such expenses.	asonable and necessary care and	support of an	
36	actua	ection against family violence. Enter the total average ally incurred to maintain the safety of your family und or other applicable federal law. The nature of these ex-	der the Family Violence Preventi	on and Services	
37	Loca provi	e energy costs. Enter the total average monthly amount of Standards for Housing and Utilities, that you actual de your case trustee with documentation of your actual dditional amount claimed is reasonable and necessar	ly expend for home energy costs all expenses, and you must demo	. You must	
38	you a secon with	ation expenses for dependent children less than 18. Inctually incur, not to exceed \$147.92 per child, for at adary school by your dependent children less than 18 documentation of your actual expenses, and you must anable and necessary and not already accounted for in	tendance at a private or public el years of age. You must provide st explain why the amount claims	ementary or your case trustee	
39	cloth Natio	tional food and clothing expense. Enter the total average ing expenses exceed the combined allowances for foot and Standards, not to exceed 5% of those combined a susdoj.gov/ust/ or from the clerk of the bankruptcy count claimed is reasonable and necessary.	od and clothing (apparel and servallowances. (This information is	vices) in the IRS available at	
40		inued charitable contributions. Enter the amount that or financial instruments to a charitable organization			
41	Total	Additional Expense Deductions under § 707(b). En	ter the total of Lines 34 through	40	0.00

	Subpart C: Deductions for Debt Payment					
	you o Paym total filing	re payments of secured claims. wn, list the name of the credit tent, and check whether the pa of all amounts scheduled as co of the bankruptcy case, divide tal of the Average Monthly Pa	or, identify the property secur yment includes taxes or insu- ntractually due to each Secur ed by 60. If necessary, list add	ring the debt, an rance. The Aver red Creditor in the	nd state the Average rage Monthly Payment i he 60 months following	s the
42		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.				yes no	
	b.				yes no	
	с			Total: Add Lines a, b and	yes no	
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession of foreclosure List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					re
15		Name of Creditor	Property Securing the Debt	t 1/60th of th	he Cure Amount	
	a.					
	b.					
	c.			Total: Add	Lines a h and c	
	Total: Add Lines a, b, and c					
44	as pri	ents on prepetition priority cla ority tax, child support and al . Do not include current oblig	imony claims, for which you	were liable at th		
4.5	follov	ter 13 administrative expenses wing chart, multiply the amount ase.rative				
45	a.	Projected average monthly C	hapter 13 plan payment.			
	b. Current multiplier for your district as determined under rules issued by the Executive Office for United States (This information is available at www.usdoj.gov/ust/ or the clerk of the bankruptcy court.)					
	c.	Average monthly administrat	ive expense of Chapter 13	Total: Multipla and b	y Lines	
46	Total	Deductions for Debt Payment	. Enter the total of Lines 42 t	hrough 45.		
		S	ubpart D: Total Deduction	ons from Incon	ne	
47	Total	of all deductions allowed und	er § 707(b)(2). Enter the tota	1 of Lines 33, 41	, and 46.	0.00

Date: 01/02/2013

Date:

01/02/2013

	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))		3243.00			
49						
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 4		3243.00			
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line enter the result.		194580.00			
	Initial presumption determination. Check the applicable box and proceed as The amount on Line 51 is less than \$7,025. Check the box for "The presof this statement, and complete the verification in Part VIII. Do not comp	umption does not arise" at the t	op of page 1			
52	The amount set forth on Line 51 is more than \$11,725. Check the box fo page 1 of this statement, and complete the verification in Part VIII. You the remainder of Part VI.					
	The amount on Line 51 is at least \$7,025, but not more than \$11,725. Co through 55).	omplete the remainder of Part V	/I (Lines 53			
53	Enter the amount of your total non-priority unsecured debt					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the num	aber 0.25 and enter the result.				
55	Secondary presumption determination. Check the applicable box and proceed as directed. The amount on Line 51 is less than the amount on Line 54. Check the ox for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII: ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description	Monthly Amount				
	a.					
	b.					
	c					
	Total: Add Lines a, b, and c					
	Part VIII: VERIFICATION					
57	I declare under penalty of perjury that the information provided in this stater both debtors must sign.)	ment is true and correct. (If this	is a joint case,			

Signature: /s/ Scott C. Barry

Signature: